

SIGNS OF MENTAL HEALTH



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Office of Deaf Services
Alabama Department of Mental Health and Mental Retardation
P.O. Box 301410
Montgomery, Alabama 36130



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Signs of Mental Health
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Editor's Notes: A New Year—A New Look



Satchel Page famously said, "Don't look back... something may be gaining on you." That's kind of how we feel around here in our humble shop at the Office of Deaf Services. It's fun to push the envelope and try to develop programs where none existed before. We like trying to dream up new ways of doing things. It's like that with our Interpreter Training. We want do to the same thing with the Bailey Deaf Unit too. And, we won't rest on our laurels with the *Signs of Mental Health*, either.

You will notice (we hope) a new look with this issue. We want it to be more colorful, easier to read and stuffed with more information that you can use. We will introduce some new features in the months ahead, beginning with the "ODS Bookshelf" in this issue. The *ODS Bookshelf* will list books and articles that we have read that we think are especially interesting and important.

Also new this month, you will find a *First Person Perspective*. The idea here is to give people a chance to sound off about issues of importance to them, or just things they have learned along the journey of life. We will work hard to present a variety of viewpoints and perspectives in this feature.

Other familiar features will be here each issue too, including my personal favorite, *Focus on the Staff*. We use this column to introduce you to the people on the frontlines who are making life better for our consumers. These folks are often the lowest paid people but have the most responsibility. It's our way of saluting their dedication.

We always enjoy hearing from our readers, so if you have any comments or suggestions about the *Signs of Mental Health* please send them to me at steve.hamerdinger@mh.alabama.gov.

DEAF UNIT STAFFER HONORED



Mona Nealy was named Greil Hospital employee of the quarter in December, 2006, the first deaf person so honored by the Department of Mental Health and Mental Retardation. Nealy, who began working for the Bailey Deaf Unit a year ago, was also nominated by Greil for the 2006 "Caring Hands" award.

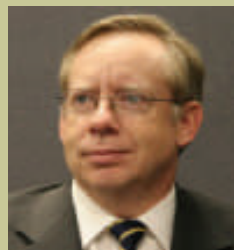
Nealy teaches sign language classes to hearing staff in addition to her work with deaf consumers.

ON THE COVER:

Mona Nealy, Bailey Deaf Unit Communication Specialist is a key person in treatment milieu. She is responsible for assessing communication skills of patients and working with them to improve those skills.


**DEAF SERVICES
REGIONAL CENTERS**

As I See It



Earlier this month, an article appeared in the *Patriot-News*, of Harrisburg, Pennsylvania about a Latino deaf man, Reinaldo Santiago Padilla, who knew no English, little Spanish and had very poor sign language skills. This fellow was accused of being involved in distribution of drugs, was arrested and arraigned. After considerable effort, he was able to enter a not guilty plea. That is about as far as it is likely to go, however. He could not understand the charges against him and likely will not be able to assist in his own defense. He is, in legal terms, incompetent to stand trial – not because he is mentally deficient, but because he has very little language.

The story caught my eye because it came out about the same time I was reading a couple of articles by the incomparable Neil Glickman of the Westborough, Massachusetts State Hospital Deaf Program. It becomes increasingly clear to me, the longer that I am in this field, that in our line of work we deal with dysfluency and alingualism that is often simply beyond most hearing people's ability to comprehend.

In many ways, Padilla's story is not unusual. The case of Donald Lang is chronicled in the book, "Dummy" by Ernest Tidyman and is instructive on the conundrum faced by both the criminal justice system and the mental health system when a deaf person is accused of felony crime. In both cases, the accused grew up in a language impoverished environment and, as a consequence, were unable to understand the proceedings against them. Our system of justice does not allow us to incarcerate people who are "unable to defend themselves." Or at least, that's the theory.

The reality is that all too often people like Padilla and Lang get caught in a "twilight zone" where they can't get to trial to adjudicate the charges nor can they get out of the mental health system which holds them as "incompetent." If they go to prison, they will not get mental health services. If they go into the mental health system – usually on the forensics side – they may never get out of high security setting. The terrible irony of this is that frequently a deaf person found incompetent to stand trial will spend far more time in a forensic hospital than they would have if they had pled guilty to the original charge.

Continued on Page 9

Region 1: Northern Alabama
Wendy Lozynsky

Mental Health Center of
Madison County
4040 South Memorial Pkwy
Huntsville, AL 35802
(256) 533-1970 (Voice)
(256) 533-1922 (TTY)

Region 2: Central Alabama
Shannon Reese, Coordinator

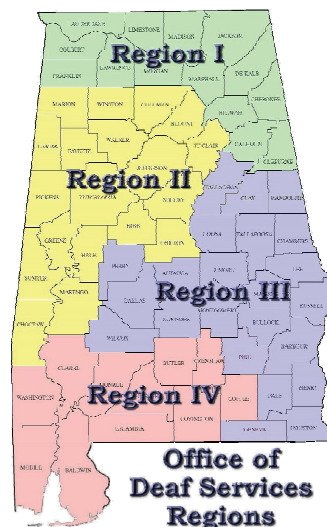
J-B-S Mental Health Center
956 Montclair Road, Suite 108
Birmingham, AL 35213
205-591-2212 (Voice)
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Region 3: Wiregrass Region
Liz Hill, Coordinator

Montgomery Area
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101 Coliseum Boulevard
Montgomery, AL 36109
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(334) 271-2855 (TTY)

Region 4: Southern Region
Beth Metlay Coordinator

Mobile Mental Health Center
2400 Gordon Smith Drive
Mobile, AL 36617
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251-450-4371 (TTY)



A FIRST PERSON PERSPECTIVE: HAWAIIANS ATTEND INTERPRETER INSTITUTE

By Lynn Nakamoto and Rosalind Kia



Lynn Nakamoto (right) gets advice from Steven Hardy Braz at the Interpreter Institute

**“The
practicum
was valuable
because it was
a hands-on
experience ...”**



We attended the recent 2006 MHIT training in Montgomery. It was a far way from Hawaii but well worth the trip. Upon completing the training we were so inspired that we asked to stay on for the additional 40-hour practicum and comprehensive final exam. Charlene Crump and others graciously agreed to accommodate us.

We interpreted in a multitude of settings including a day treatment program, client specific deaf/blind training, staff meetings, and activities at the Bailey Deaf Unit at Greil Hospital. We worked in both "hearing staff to deaf consumer" and "deaf clinician to hearing staff" settings. It was a challenge but an incredible experience that we could never obtain in Hawaii.

The practicum was valuable because it was a hands-on experience that provided us with the opportunity to use the Demand Control Schema we learned about at the MHIT training. The knowledge and information we gained proved to be very effective and we plan to use it on a regular basis for the rest of our interpreting careers.



L— R Lynn Nakamoto, Michele Morris, Roz Kia, three interpreters from Hawaii. They found "Cracker Barrel" fascinating! Roz and Lynn have both completed their practicum and passed their Qualified Mental Health Interpreter tests.

Although Hawaii does not yet recognize the need for the certified "qualified mental health interpreter" (QMHI) we are proud to be a part of history in the making!

Aloha to everyone who worked hard to make our experience beneficial and memorable. We hope to attend next year's MHIT training and learn even more!

✍

NOTES AND NOTABLES

BDU Staff Interpreter, **Brian McKenny** is a father for the third time as wife **Courtney** gave birth to **Finn Laurel McKenny** on February 17th. She arrived at 8lbs 3oz. 20 in. Congratulations.

Kristine Klopp, who interned with Region I last summer, was hired in January to be the Home Manager for the Vaughn Circle Group Home in Birmingham.

Sorenson Communications asked **Steve Hamerdinger** to deliver the keynote address at it's first Interpreting Mentorship Summit, January 6th, in Salt Lake City, Utah.

Liz Hill and **Steve Hamerdinger** recently had their article, Serving Severely Emotionally Disturbed Deaf Youth: A Statewide Program Model, published in the *Journal of ADARA*, volume 38 number 3.

A number of Deaf Services staff members participated in a *Sign Language Proficiency Interview* refresher course designed to improve SLPI rating. Lead presenters included **Liz Hill** and **Teresa Crum**.

BDU hired three new Deaf Care Workers. **Brian Moss**, **Kiki Moore**, and **Trenton Youngblood** started their duties on March 1st.

FOCUS ON THE STAFF:

JOCELYN DAVIS



I was one of the first staff hired to work at the Princess Helen group home which has three deaf consumers. My position is a Behavioral Aide. I love my job very much. My job is to observe consumers, and supervise their daily duties, such as chores, teach them living skills and help them prepare to live independently. I also do crisis management when problems occur. When they are in crisis I talk to them, teach problem solving skills, and help them learn how to express emotions appropriately. I also transport consumers to shopping, appointments, or activities.

My favorite part of job is planning with the other members of the team, Rebeka, Dedra and Carla. On holidays we plan activities with the consumers and do things like have BBQ cookouts. The most recent event was had was Mardi Gras Fat Tuesday. On consumers' birthdays, all staff came together bring covered dishes and make a birthday cake. The consumers really enjoy it very much. I enjoy the teamwork with my co workers.

I was born in Indiana and my family moved to Montgomery County when I was a kid. I lived there for 16 years, leaving when I was 21. I went to Alabama School for the Deaf and graduated in 2000. I worked for the State of Alabama State Employment Office in data entry for short time. I then went to work at Janice Capilouto Center for the Deaf as assembler for more than a year. I moved to Mobile in Dec of 2002.

I'm a single mom with lovely daughter, Hannah. I enjoy photography and reading mysteries and novels. I like spending time with friends and traveling to visit different places.

"My job is to observe consumers, supervise their daily duties such as chores, teach them living skills and help them prepare to live independently."

ODS BECOMES RID CMP SPONSOR

The Registry of Interpreters for the Deaf announced that the Office of Deaf Services has been selected as a Certification Maintenance Program sponsor, one of three currently listed in Alabama.

Certification Maintenance is a way of ensuring that practitioners maintain their skill levels and keep up with developments in the interpreting field, thereby assuring consumers that a certified interpreter provides quality interpreting services. Participation in the Certification Maintenance Program is required of all RID Certified interpreters, and retention of one's certificate(s) is dependent upon successful completion of each CMP cycle.

This important move allows ODS to more effectively provide interpreter training opportunities. Last year, ODS provided 175 hours of training in mental health interpreting, representing 57% of all the continuing education credits awarded by the Registry of Interpreters for the Deaf for mental health interpreting in 2006.



Communication Skills development is an important part of services at BDU. Many patients are dysfluent and this complicates treatment. Pictured: Mona Nealy works with BDU patient

"I am really excited about BDU getting close to operating at 24/7 and the beds becoming available for our deaf patients full time!"

***Scott Staubach,
BDU Director***

BAILEY DEAF UNIT UPDATE

The Bailey Deaf Unit (BDU) has been under the direction of Scott Staubach for the past two months and has been making progress on filling the remaining positions so that 24/7 operations can begin. BDU was brought to 12/7 operations under acting director Steve Hamerding.

Staubach, who started his duties at BDU on December 18, 2006, served as Coordinator of Deaf Services for Region I from 2004 to December, 2005. He went to Charlotte, North Carolina for a year to head up the mental health program at Journey, Incorporated before returning. Staubach reports that BDU is close to full time operations. "The only problem we have right now is getting a LPN (Licensed Practical Nurse) to be able to cover the overnight shift." All the Deaf Care Workers (DCW) have been hired and the last group is set to begin their competency training the first of March. This course of study takes 3 – 4 weeks to complete. After that, DCWs will be ready to work on the ward and the unit will be able to begin overnight operations. There are two other positions that are still vacant, Ad and a Mental Health Interpreter. These positions will be announced in the future.

Opening for 24/7 operations is taking on heightened importance with the steady increase in the number of deaf people

referred for admission. Currently, there are eight people being served by the BDU staff during the daytime hours. This is the highest number of deaf people in residence in our facilities at one time since the Office of Deaf Services was founded. Most of the people in residence are not long-term consumers, but have been referred for short-term care. While this is certainly a welcome development, it is causing some pressure on the hospital because those patients are on the general wards overnight. It is obvious that deaf patients do better when they are with the BDU staff, a majority of whom are deaf.

Opening BDU will obviously reduce the pressure on the other wards. Currently, Greil runs over capacity most of the time. Additionally, it will be easier to get deaf consumers in for crisis stabilization. Now, when a deaf person is in crisis they need to go to a local emergency room where, because of the lack of appropriate services, a bump in the road to recovery can become a major set back.

Staubach tells us, "I am really excited about BDU getting close to operating at 24/7 and the beds becoming available for our deaf patients full time!"

CURRENT QUALIFIED MENTAL HEALTH INTERPRETERS

Becoming a *Qualified Mental Health Interpreter* in Alabama requires a rigorous course of study, practice and examination that takes most people nearly a year to complete. It involves 40 hours of classroom time, 40 hours of supervised practica and a comprehensive examination covering all aspects of mental health interpreting.

Charlene Crump, Montgomery	Sue Scott, Mobile	Nancy Hayes, Hayden City	Brian McKenny, Montgomery
Dee Johnston, Oxford	Debra Walker, Montgomery	Lisa Gould, Mobile	Jill Farmer-Arley,
Dawn Marren-Huntsville,	Wendy Darling-Prattville,	Pat Smartt-Sterett, Birmingham	Lee Stoutamire-Mobile,
Frances Smallwood,	Cindy Camp, Jacksonville	Lynn Nakamoto, Hawaii	Jamie Garrison, Wisconsin
Roz Kia, Hawaii	Vanessa Less, Wisconsin	Kathleen Lamb, Wisconsin	

REGION I STAFF WORK COMMUNITY HEALTHLINE



Wendy Lozynsky,
Region I Coordinator,
answered phones at
Healthline

Wendy Lozynsky and Dawn Marren had a fun experience volunteering in an Annual Healthline by the Mental Health Center of Madison County on the evening of January 25, 2007. Wendy answered mental health questions

from the callers as Dawn interpreted feverishly. This was covered live by News Channel 48 WAFF with the news reporter making mention of the Office of Deaf Services being a part of this event.

There were numerous calls about everything you can imagine. Calls ranged from concerned family members to lonely elders to a schizophrenic individual. This gave the Region I staff a good taste of issues in mental illness in the general population in a very brief amount of time.

As Lozynsky explained, "It was like looking through a glass window with so many different issues going by so fast."

Having ODS staff take part in the larger mental health community is good for everyone. They learn about deaf people and we learn about them as well. ✍



Dawn Marren interprets for Wendy Lozynsky at Annual Healthline event

"It was like looking through a glass window with so many different issues going by so fast."

ODS HOSTS NEU MHI CURRICULUM DISCUSSION



MHI Coordinator Crump leads pod discussion as Roger Williams, Director of Deaf Services in SC looks on by videoconference.

The Office of Deaf Services takes a leadership role in the development of the profession of mental health interpreting with involvement in the development of a post

Bachelor's degree program in mental health interpreting at Northeast University. Statewide Mental Health Interpreter Coordinator, Charlene Crump, is on the core committee developing the curriculum.

On January 6th, a group of interpreters

and clinicians met with Crump in Montgomery for a "southeast pod" to review the core competencies and give feedback to the committee. A number of people working in Alabama's Deaf Services network were on hand, as were participants who were not part of the network. Roger Williams was on hand by teleconferencing and Dee Johnston, from the Alabama Institute of the Deaf and Blind contributed as well. ✍

People interested in the results of the process can email Charlene Crump for more information.



Back row, l-r: Dawn Marren, Malissa Cates, Mona Nealy, Nancy Lassiter, Brian McKenny. Front row: Dee Johnston, Liz Hill, Shannon Reese. Not pictured: Roger Williams,

GREIL AND BDU WELCOMES VISITORS FROM THE UKRAINE

By Allen Stewart, Director, Greil Hospital

"... one of the delegates asked if we kept any political prisoners here... It was a very strong reminder to us that we are fortunate to live in a country where we do not need to worry about whether we will be incarcerated for our beliefs. "



L-R: Oleksandr Pertsovsky, International Secretary for Young Entrepreneurs of the Ukraine; Lyubov Onoprienko; Director of Center of Social Services for Family, Children, and Youth; Allen L. Stewart, Director, Greil Psychiatric Hospital; Natalya Shtanko, Freelance journalist; Brian McKenny, BDU Interpreter; Steve Hamerdinger, ODS Director; Yuriv Pasochnyk, Board Chairperson, Youth Public City Committee; Valentina Kharenko, Ukrainian Interpreter: ESL instructor, worked with IMF in interaction with President Viktor Yushchenko



ODS Director Steve Hamerdinger explains the philosophy of BDU to Ukrainian visitors

On December 15, Greil Hospital welcomed five visitors from the Ukraine, a free democratic nation which was once a part of the Soviet Union before the fall of communism. The visitors were part of a delegation visiting Montgomery through the organization Friendship Force, which seeks to promote international goodwill and cooperation by having persons from different nations visit each other's countries. The visitors were social workers, business persons, and civic officials. During their time in our area they also visited with Probate Judge Reese McKinney, Mayor Bobby Bright, and Governor Bob Riley, as well as seeing many other local organizations and facilities at work.

The delegates had many questions about Greil and the types of care that we give here. They were extremely impressed with the cleanliness and quality of our facility and the friendly reception they received. They spent time on the ward of the Bailey Deaf Unit with many questions about how we work with deaf consumers. In a particularly telling moment, one of the delegates asked if we kept any political prisoners here. It was a very strong reminder to us that we are fortunate to live in a country where we do not need to worry about whether we will be incarcerated for our beliefs. They will carry these positive impressions back home, where this visit might well have far-reaching impact on the care of the mentally ill in a developing nation. ✍

As I See It


(Readers who are interested in some of the legal principles behind this can find some interesting reading by digging into in the U.S. Supreme Court case Jackson V. Indiana, 406 U.S. 715 (1972))

Black and Glickman's article, "Demographics, Psychiatric Diagnoses, and Other Characteristics of North American Deaf and Hard-of-Hearing Inpatients" in the *Journal of Deaf Studies and Deaf Education* (11:3 Summer 2006, pp 303 – 321) is a fascinating description of the composition of the patient mix in a special unit for mentally ill deaf people. Patients in the Westborough State Hospital Deaf Program are more likely than not to be severely dysfluent. We see the same thing here in the Bailey Deaf Unit, but it is nice to know that we are not the only ones scratching our heads trying to figure out how to serve people who have poor to non-existent communication systems. Deaf people with mental illness are different from hearing people with mental illness and this difference is largely due to pervasive language deprivation. It's not communication access that's the barrier. Otherwise, the mental health services with interpreters as called for under various disability rights laws would have been adequate. Language deprivation prevents any communication at all.

The level of dysfluency presents a tremendous challenge for a system used to thinking in terms of "admit, stabilize, and discharge." Deaf people may be admitted to an acute care setting initially for behaviors that look psychotic, but on closer examination, are by-products of global poverty of information and language. It's very hard to stabilize someone when they have no frame of reference for normalcy and are unable to con-

ceptualize some very basic ideas. It boggles the mind that there are still some people who think anyone who "signs a little" can "interpret" for consumers like that. But I digress.

The real challenge is how do we design a continuum of care for people who are so lacking in basic survival information. Consumers like this are not going to be discharged into the community without a continuum of care that addresses their lack of skills in negotiating everyday life. They will present a tough challenge for community programs, especially if they come from the forensic system. These folks are not likely to be well received in traditional group homes because of security concerns and do not fit the profile for traditional acute care settings either. They are in imminent danger of harm, but not the way the system traditionally defines it. They commit crimes, but they may not understand that it was wrong and have no easy way of acquiring such understanding. To incarcerate them for crimes that they do not understand is little better than locking them in a cage just because they are different. To warehouse them in an institutional setting indefinitely without being able to provide treatment is, if anything, worse. (For more information go [HERE](#))

Unless we are willing to load up the jails with people who are deaf and whose only crime was not knowing what's right and what's wrong, or warehouse people who never had a chance to develop language, we are going to need to consciously plan services for people who are deaf and have severe language dysfluency. **As I See It**, that's the next step. 



"Unless we are willing to load up the jails with people who are deaf and whose only crime was not knowing what's right and what's wrong, or warehouse people who never had a chance to develop language, we are going to need to consciously plan services for people who are deaf and have severe language dysfluency."

This feature, which we hope will be regular, will highlight books that are being read by ODS and Deaf Services staff members around the state. Not all the books will be strictly about deafness and not all will be strictly about mental health, but all will help increase knowledge and understanding of how deaf people living with mental illness can be better served. The editors welcome contributions of ideas and reviews from our readers as well. Send your contributions to Steve.hamerdinger@mh.alabama.gov.

ON THE ODS BOOKSHELF



Penley, Gary. (2002) *Della Ray*. Pelican Publishing Company. Gretna, LA. ISBN-10: 1565549449

Della Ray is a highly readable book about a four year old girl who was placed in Partlow, an institution for the mentally retarded, in 1929. By all accounts, she is not mentally retarded. Then, people thought to be cognitively disabled were dumped into Partlow and left to fend for themselves with very little in the way of education or improvement in their lives. What makes this book relevant are the parallels experienced by Della Ray then and deaf people now.

Johnson, Sharon L. (2004) *Therapist's Guide to Clinical Intervention, Second Edition: The 1-2-3's of Treatment Planning (Practical Resources for the Mental Health Professional)*. Academic Press. San Diego, CA.

123s Therapist's Guide to Clinical Intervention is a reference book for clinicians and as such outlines treatment goals and objectives for each type of psychopathology as defined by the diagnostic and statistical manual by the American Psychiatric Association, identifies skill-building resources, and provides samples of handouts. It is easy to read and comprehend. The book breaks down each section into specific goals, focus and objectives of the treatment. The book also offers suggested URLs for additional information under various sections.

Jackson, Peter W. (1997) *Deaf Crime Casebook*. Cox & Jackson. Deafprint Winsford, England

A study of 5,000 people stated that 91% of men and 84% of women have had at least one vivid fantasy about killing someone. (Buss, 2005. *The Murderer Next Door*) *Deaf Killers* is an anthology of twenty one stories of Deaf people from all over the world and throughout the ages who became killers. Each story takes you through the events and allows you to examine the justice system's response to deaf individuals in various times and places.

Hot Off the Presses: Important Articles You Must Read

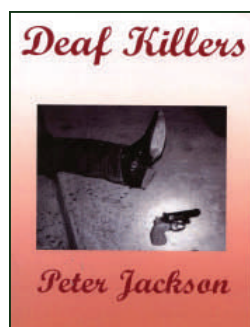
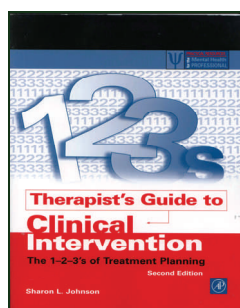
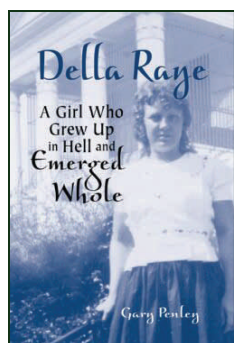
Austen S, McGrath M. 2006. Telemental health technology in deaf and general mental-health services: access and use. *American Annals of the Deaf*. Summer;151 (3):311-7.

de Bruin E, Brugmans P.J. 2006. The psychotherapist and the sign language interpreter. *Journal of Deaf Studies and Deaf Education* Summer;11(3):360-8

Glickman, Neil 2007. Do you hear voices? Problems in assessment of mental status in deaf persons with severe language deprivation. *Journal of Deaf Studies and Deaf Education*.

Kvam, Marit H., and Loeb, Mitchell, Tambs, Kristian (2006) Mental health in deaf adults: symptoms of anxiety and depression among hearing and deaf individuals. *The Journal of Deaf Studies and Deaf Education* 2007 12(1):1-7

Paijmans R, Cromwell J, Austen S. 2006. Do profoundly prelingually deaf patients with psychosis really hear voices? *American Annals of the Deaf*. Spring;151(1):42-8



AN ODS BOOK REVIEW

God Knows His Name: The True Story of John Doe No. 24

By Dave Bakke

Review by Shannon Reese

During the early morning hours of October 11, 1945, Jacksonville, Illinois police officers Walt Hill and Howard Stout noticed a young black, deaf man loitering in a back alley and arrested him for vagrancy. The young man showed no ability to communicate. It was thought that perhaps he was from the Illinois School for the Deaf or one of the facilities for the mentally ill or mentally retarded. No one reported a missing person, however, and the mystery of the identity of this young man deepened. While in lock up, he exposed himself and acted in sexually inappropriate manner, convincing the local authorities that he was, indeed, mentally retarded.

God Knows His Name: The True Story of John Doe No. 24 chronicles John Doe No. 24's life from the time he was arrested, to his placement in a mental retardation facility, then in a group home, and finally, to the time he was taken to a nursing home. He eventually died alone, in a hospital, with no known relatives to comfort him and no identity. His "name" was assigned to him, as was customary during that period, by using John or Jane Doe plus the number in which they entered the system. He experienced horrible victimization and enforced labor. As with other books describing how mentally ill and mentally retarded people were treated in the early and middle parts of the 20th century, *God Knows His Name* is as much about man's inhumanity to those considered "inferior" as it is about the subject of the book. It joins *Dummy* as one of the foundation books that any one who really wants to understand why deaf people are so mistrusting of the mental health system must read.

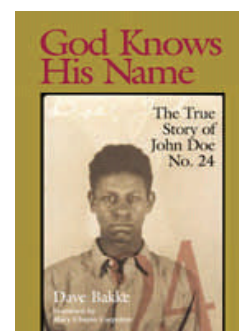
This gripping story keeps you searching for clues as to why this young man wasn't given

proper or, for that matter, even humane, treatment and why his identity was never discovered, despite efforts, lackadaisical or sincere, to find out. It leaves you marveling at this man's ability to survive years of mistreatment and abuse and angered that a system that was supposed to help the most vulnerable individuals could treat people as they did. To be sure, a few kind and enlightened individuals eventually worked to assist John Doe. However, his years of institutionalization and the chronic abuse endured took a toll.

Readers interested in the history institutionalization and its effects on people will find this an important book. It is a reminder of the horrific conditions afforded people that society discarded as "undesirable". Alas, such "treatment" was considered "best practice" during most of the 20th century. *God Knows His Name* is a particularly poignant reminder of the times in our history when individuals who were deaf were frequently labeled "mentally retarded" or "mentally ill" by dint of simply not fitting into the neat boxes that the profession had drawn around "normal behavior." It is also a harsh reminder of the devastating impact that lack of language and education can have on an individual's development and quality of life.

The book narrates the development of a communication system, a language, if you will, understood only by John Doe and a handful of people working closely with him. It is also a testament to the power of the human spirit and witness to the determination of people to endure incredible adversity and find victory despite the circumstances in which they live.

God Knows His Name: The True Story of John Doe No. 24 is a fascinating book that should be on the reading list of anyone working in mental health or the field of deafness.



“God Knows His Name: The True Story of John Doe No. 24 chronicles John Doe No. 24’s life from the time he was arrested, to his placement in a mental retardation facility, then in a group home, and finally, to the time he was taken to a nursing home. He eventually died alone, in a hospital, with no known relatives to comfort him and no identity.”

POSITIONS AVAILABLE WITH DEAF SERVICES

OFFICE OF DEAF SERVICES

INTERPRETER,
Region II (Birmingham)

SALARY RANGE: 73 (\$33,241 - \$50,396)

QUALIFICATIONS: Combination of training and experience equivalent to a two-year degree plus three years of full-time experience interpreting in a variety of different settings.

Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and Transliterators. Must be certified or eligible to receive certification as a QMHI (Qualified Mental Health Interpreter) or its equivalent. Certification must be obtained within 24 months of hire.

For more information on any of these positions, or for application, please contact:

Steve Hamerdinger

Director Office of Deaf Services

Alabama Department of Mental Health and Mental Retardation

100 North Union Street

Montgomery, AL 36130

Steve.Hamerdinger@mh.alabama.gov

(334) 353-4701 (TTY)

(334)353-4703 (Voice)

THE BAILEY DEAF UNIT

The following positions are based at Greil Memorial Psychiatric Hospital, 2140 Upper Wetumpka Road, Montgomery, AL. 36107

DEAF CARE WORKER (Continuous Recruitment)

SALARY RANGE: 50 (\$20,277 - \$28,682)

QUALIFICATIONS: High School Diploma or GED - Entry Level Position. Must have Advanced level signing skill in American Sign Language (ASL) as measured by a recognized screening process, such as SLPI. Thorough knowledge and understanding of Deaf Culture is required.

INTERPRETER

SALARY RANGE: 73 (\$33,241 - \$50,396)

QUALIFICATIONS: Combination of training and experience equivalent to a two-year degree plus three years of full-time experience interpreting in a variety of different settings.

Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and Transliterators. Must be certified or eligible to receive certification as a QMHI (Qualified Mental Health Interpreter) or its equivalent. Certification must be obtained within 24 months of hire.

MENTAL HEALTH RN – I

SALARY RANGE: 73 (\$33,241 - \$50,396)

QUALIFICATIONS: Graduation from an accredited School of Nursing or graduation from an accredited four-year college or university with a degree in Nursing. Possession of or eligibility for a certificate of registration to practice nursing as issued by the Alabama Board of Nursing.

Preference will be given to candidates having some experience in working with the deaf and hard of hearing individuals. Proficiency or willingness to learn American Sign Language to achieve an "Intermediate" level of signing skills as measured by a recognized screen process, such as SCPI within three years

For more information on any of these positions, or for application, please contact:

Scott Staubach

Director, Bailey Deaf Unit

Greil Memorial Psychiatric Hospital, 2140 Upper Wetumpka Road, Montgomery, AL. 36107

Scott.staubach@greil.mh.alabama.gov

(334) 262-0363 ext. 322 (V/TTY)

(334) 834-4562 (FAX)

DEAF SERVICES GROUP HOMES

Group homes in Birmingham and Mobile are always accepting applications for direct care staff and group home coordinators.

MENTAL HEALTH TECHNICIANS (Birmingham)

(\$16,242.00 to \$17,904.00)

QUALIFICATIONS: High School Diploma or GED, valid driver's license and car insurance.

For more information about the Birmingham positions, contact:

Malissa Cates, Program Director

JBS Mental Health Authority

956 Montclair Road, Suite 108

Birmingham, AL 35213

205-591-2212 (Voice)

205-591-2216 (TTY)

mcates@jbsmha.com

BEHAVIORAL SPECIALIST FOR DEAF HOME (Mobile)

QUALIFICATIONS: Bachelor's degree in mental health discipline. Must be deaf or proficient in American Sign Language and have a thorough understanding of deaf culture. Must have and maintain a valid Alabama driver's license. Must have knowledge of adult psychiatric service provision.

For information about the Mobile positions, contact:

Beth Metlay, Coordinator

Mobile Mental Health Center

2400 Gordon Smith Drive

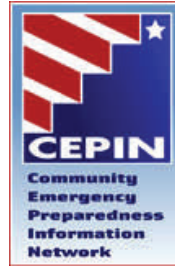
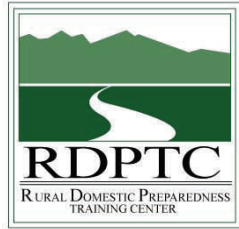
Mobile, AL 36617

251-450-4353 (Voice)

251-450-4371 (TTY)

251 450 4323 (Fax)

Beth.Metlay@mh.alabama.gov



The Rural Domestic Preparedness Training Center announces:

Emergency Responders and the Deaf Community: Taking the First Steps to Disaster Preparedness (AWR-186)

**Delivered by Telecommunications for the Deaf and Hard of Hearing, Inc. (TDI)
To be held at the Alabama Institute for Deaf and Blind, Mobile, AL**

**Sponsored by the Alabama Department of Mental Health and Mental Retardation, Office of Deaf Services
and the Alabama Institute for the Deaf and Blind. Mobile Regional Center**

This course will provide participants with an understanding of the tools and knowledge needed to prepare a community response, as well as respond to and recover from emergencies ranging from weather-related emergencies to a terrorist attack, for deaf, hard of hearing, late-deafened, and deaf-blind individuals.

COURSE DETAILS

This is an 8-hour course, beginning at 8:00 am and ending at 5:00 pm. The maximum number of students is 40. All registrants must be a U.S. Citizen. Photo identification is required upon registration. There is no registration fee for this class.

Audience: This course is designed to provide deaf and hard of hearing (including deaf, deaf-blind, hard of hearing, late-deafened and other individuals with hearing loss) **and** emergency responders with the basic skills they need to communicate with each other in the event of emergencies such as terrorist attacks and natural and biological disasters. The course will also instruct participants how to respond to a variety of emergency situations.

Scope: At the conclusion of this course, participants will gain the skills they need to prepare for and respond to an emergency situation involving individuals who are deaf, deaf-blind, hard of hearing or late-deafened. The course materials will train participants to identify and recruit those in their neighborhood whose daily activities place them in a unique position to identify potential barriers to effective communication as well as proven solutions to work around such obstacles.

This course is designed to promote emergency preparedness, community response, and recovery from emergencies involving individuals with hearing loss. The one-day course contains lectures, interactive activities and group discussions in most modules to ensure that participants have a better understanding of the needs of individuals with hearing losses, especially in times of emergencies.

Registration Information: **This course will be offered at no charge to attendees.**
Space is limited to 40 participants. Reserve your seats early.

If you would like more information about this course, or to get registration information, contact:

steve.hamerdinger@mh.alabama.gov or beth.metlay@mh.alabama.gov



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ADARA

American Deafness and Rehabilitation Association

"Professionals Networking for Excellence
in Service Delivery with Individuals
who are Deaf or Hard of Hearing"

Mark Your Calendars



For more information, contact:

Suzanne Dennis, Co-Chair: Suzanne.Dennis@jocogov.org

or

Deborah Mayer, Co-Chair: MayerSTL@aol.com

Conference Information also can be found at: www.adara.org.

INTERNATIONAL INSTITUTE OF DEAF SERVICES

presents

Celebrate Deaf Legacy and Literacy

April 13 - 14, 2007
Birmingham, Alabama

Purpose of Celebrate Deaf Legacy and Literacy

To reach out to our diverse community increasing their awareness of the rich deaf history and of our various library resources that will benefit the public-deaf and hearing. By observing National Deaf History Month offer an occasion to celebrate the legacy and many contributions made by people who share the personal, familial or societal deaf experience as well as instill into our young deaf/hard of hearing students their own legacy and their self worth.

PRESENTERS

Bobbie Beth Scroggins (Deaf), National Association of the
Deaf, President

Pamela Kay Baldwin (Deaf), Historian/ Presenter

Paul William Ellis (Hearing), Founder/CEO - International Institute of Deaf Services

Shawn Richardson (Deaf), Graphic Artist

Terry Dahlgren (Deaf), DI/Graphic Artist

LaShawn Washington (Deaf), BSW

EVENT PARTNERS

Birmingham Public Library

Alabama Association of the Deaf

Alabama Registry of Interpreters for the Deaf

Alabama Black Deaf Advocates

Office of Deaf Services- Alabama Department of Mental
Health and Mental Retardation

REGISTRATION FORM

Register by April 3rd in order to confirm food selection for lunch on Saturday 4/14

Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Select One:

☐ Deaf

☐ Interpreter

☐ Student

☐ Hearing

☐ Educator

☐ ITP

Select One (Saturday 4/14):

☐ Chicken Salad Croissant

☐ Fried Chicken Wrap

☐ Roast Beef and Swiss on Ciabatta

☐ Vegetable Wrap

Please enclose your check or money order made payable to IIDS and mail to:

IIDS/NDHM, P. O. Box 39009, Birmingham, AL 35208

Voice Interpreters provided for the Hearing and signed impaired



RID CEUs Pending

For more information, contact:

Paul William Ellis

(205)305-2173 vp/text/voice



This ministry is incorporated and approved by the Internal Revenue Services as a nonprofit charity (501 3c)

Mental Health Interpreter Institute 2007



June 4–8, 2007
Montgomery Alabama

For more information contact Charlene.Crump@mh.alabama.gov

A Presentation of
Mental Health Interpreter Training Project
Office of Deaf Services
Alabama Department of Mental Health and Mental Retardation